		PART B	B - FEE(S)	) TRAN	SMITTAL		/	
	his form, together wit	••	or]	Fax (	Mail Stop ISSUE Commissioner fo P.O. Box 1450 Alexandria, Virg (703) 746-4000	<b>√</b>		
INSTRUCTIONS: This for appropriate. All further continuous corrected maintenance fee notification	rm should be used for tran rrespondence including the below or directed otherwise as.	smitting the ISSU Patent, advance on in Block 1, by (a	JE FEE and retend the specify of the specific of the	PUBLICA ification of a new con	ATION FEE (if requot from the free point of the	ired). Blocks 1 through 5 s vill be mailed to the current and/or (b) indicating a sepa	hould be completed where correspondence address as arate "FEE ADDRESS" for	
	CE ADDRESS (Note: Use Block 1 for	any change of address)	FEB 0 7 2	2005	Note: A certificate of Fee(s) Transmittal. The papers. Each additional	mailing can only be used for is certificate cannot be used all paper, such as an assignment	or domestic mailings of the for any other accompanying ent or formal drawing, must	
VIERRA MAGE 685 MARKET STI SAN FRANCISCO	O, CA 94105	ION & DE	-	ARMARIN	papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.			
02/08/2005 SSITHIB2 0	0000037 09765521 1400.00 OP			ſ		omer (Reg. No. 5		
01 FC:1501 02 FC:1504						(Signature)		
				Į			(Date)	
APPLICATION NO.	FILING DATE		FIRST NAME	D INVENT	OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/765,521	521 01/18/2001 Mark A. Lemk					IMIN-01008US1	9535	
TITLE OF INVENTION: P	OSITION SENSING WITH	IMPROVED LIN	EARITY					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1370			\$300	\$1670	02/03/2005	
EXAMINER		ART UNIT		CL.	ASS-SUBCLASS	ļ		
CHAPMAN JR, JOHN E		2856			073-514320			
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3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON	THE PATEN	T (print o	type)			
PLEASE NOTE: Unless recordation as set forth in	s an assignee is identified ben 37 CFR 3.11. Completion	of this form is NO	T a substitute	tor filing	an assignment.	nee is identified below, the o	document has been filed for	
(A) NAME OF ASSIGN	EE	(F	B) RESIDENCE: (CITY and STATE OR COUNTRY)					
ANAEOG DEVI	Berkeley, California							
Please check the appropriate	e assignee category or catego	ries (will not be p	rinted on the p	patent):	🔲 Individual 👪 C	orporation or other private gr	oup entity Government	
4a. The following fee(s) are	enclosed:	41	b. Payment of	` '				
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a. Applicant claims S	(from status indicated above MALL ENTITY status. See	37 CFR 1.27.	- 11			LL ENTITY status. See 37 C		
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Authorized Signature	Date Cu	w		_	Date Fc	bruay 3, 2005 54,768		
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